FD-340 REV. (6-24-65)

File No. _____

Date Received 9-11-71

From JAMES B. ADAMS
(NAME OF CONTRIBUTOR)

_____
(ADDRESS OF CONTRIBUTOR)

_____
(CITY AND STATE)

EDGAR N. BEST.
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No

Receipt Given ☐ Yes ☐ No

Description:

Sworn Signed Statement